

## JUSTIFICATION FOR PROPOSED DIRECTIVE OR REPORT

**INSTRUCTIONS:** Complete this form when issuing a directive or reporting requirement. The appropriate number of copies will be determined by your organization's Publications Control Office or Reports Coordinator. When a new recurring report requirement is involved, a copy of the proposed directive and this form must be submitted to the Departmental Reports Coordinator (Records Management Service) for concurrence and assignment of a report identifier. Always route to the appropriate organizational Publications Control Officer before routing to the final approving official. Do not complete this form for directives requiring the Secretary's signature; use VA Form 4265, Concurrence and Summary Sheet. If a report is involved, sections II and V of this form must be completed and concurred in by the organization's Reports Coordinator and the Departmental Reports Coordinator.

### SECTION I - GENERAL IDENTIFICATION

1. TITLE		2. CONTROL NO.	3. DATE RECEIVED BY PCO
4. PURPOSE AND JUSTIFICATION FOR DIRECTIVE			
5. CONTACT PERSON		6. ROUTING SYMBOL	7. TELEPHONE NO.
8. ORIGINATING OFFICE		9. ROUTING SYMBOL	10. TELEPHONE NO.
11. REPORT REQUIRED <input type="checkbox"/> YES ( <i>Complete Sections II and V</i> ) <input type="checkbox"/> NO		12. LAW, EXECUTIVE ORDER OR REGULATION OF ANOTHER FEDERAL AGENCY REQUIRING REPORT	

### SECTION II - DIRECTIVE IDENTIFICATION

13A. TYPE OF DIRECTIVE ( <i>Check as many as apply</i> ) <input type="checkbox"/> CIRCULAR <input type="checkbox"/> MANUAL <input type="checkbox"/> INTERIM ISSUE <input type="checkbox"/> OTHER ( <i>Specify</i> )		13B. TENURE <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	14. DIRECTIVE NO.
15. IF TEMPORARY, WILL IT BE INCLUDED IN A PERMANENT DIRECTIVE <input type="checkbox"/> YES ( <i>Complete items 16 and 17</i> ) <input type="checkbox"/> NO		16. TITLE OF PERMANENT DIRECTIVE	
17. NO. OF PERMANENT DIRECTIVE			
18. EFFECTIVE DATE OF DIRECTIVE	19. EXPIRATION DATE OF DIRECTIVE	20. FORM NUMBER(S) REQUIRED	
		21. TYPE OF FORM(S) <input type="checkbox"/> NEW <input type="checkbox"/> REVISED	
22. PUBLICATIONS RESCINDED BY THIS DIRECTIVE			

### SECTION III - CONCURRENCES

ROUTING SYMBOL	SIGNATURE	DATE	ROUTING SYMBOL	SIGNATURE	DATE

### SECTION IV - SIGNATURES

23A. SIGNATURE AND TITLE OF ORIGINATING OFFICIAL	23B. DATE
24A. SIGNATURE OF ORGANIZATIONAL REPORTS COORDINATOR	24B. DATE
25A. SIGNATURE OF DEPARTMENTAL REPORTS COORDINATOR	25B. DATE
26A. SIGNATURE OF PUBLICATIONS CONTROL OFFICER	26B. DATE
27A. SIGNATURE AND TITLE OF APPROVING OFFICIAL	27B. DATE

# SECTION V - REPORT IDENTIFICATION

28. TITLE OF REPORT		29. REPORT IDENTIFIER	30. DATE NEW IDENTIFIER ASSIGNED
31. TYPE OF REPORT <i>(Check as many as apply)</i> <input type="checkbox"/> MANUAL <input type="checkbox"/> NONRECURRING <input type="checkbox"/> REPORT TO CONGRESS <input type="checkbox"/> AUTOMATED <input type="checkbox"/> INTERNAL <input type="checkbox"/> REPORT TO OMB <input type="checkbox"/> RECURRING <input type="checkbox"/> INTERAGENCY <input type="checkbox"/> PUBLIC USE <input type="checkbox"/> NEW <input type="checkbox"/> REVISED		32. FREQUENCY OF REPORT <i>(Check one)</i> <input type="checkbox"/> ANNUAL <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> AS REQUIRED <input type="checkbox"/> OTHER <i>(Specify)</i>	33. REPORT DUE DATES
34. PURPOSE OF REPORT			
35. ADDITIONAL REQUIRING INSTRUCTIONS AND EXPIRATION DATES <i>(List any other directives and their expiration dates that contain instructions regarding the report, e.g., Cir 00-93-3, exp. 12/31/93; OMB Cir. 123, exp. 1/10/94)</i>			
36. ESTIMATED TIME REPORT WILL BE REQUIRED		37. ESTIMATED REPORT COST \$	
38. DATA BASE INDICATOR <i>(DBI-Description of the report data elements)</i>			
39. AUTOMATED REPORT SYSTEM ACRONYM		40. LINKAGE DATA SYSTEM ACRONYM	
41. FORM(S) USED FOR INPUT OR OUTPUT OF THIS REPORT			
42. RESPONDENTS <i>(Check as many as apply)</i> <input type="checkbox"/> DPC <input type="checkbox"/> NCS FS <input type="checkbox"/> SD <i>(Supply depot)</i> <input type="checkbox"/> SELECTED FS <input type="checkbox"/> AFS <i>(All Fld. St)</i> <input type="checkbox"/> VBA FS <input type="checkbox"/> SELECTED NCS FS <input type="checkbox"/> SUP MKT CTR <input type="checkbox"/> CO <i>(Central Ofc)</i> <input type="checkbox"/> IGAO <i>(IG - Audit Office)</i> <input type="checkbox"/> SELECTED VHSRA FS <input type="checkbox"/> SUP PROS CTR <input type="checkbox"/> CO AND AFS <input type="checkbox"/> ICIO <i>(IG - Investigations OFC)</i> <input type="checkbox"/> SELECTED DPC <input type="checkbox"/> OR <i>(Other - specify)</i> <input type="checkbox"/> VHA FS <i>(VHA Fld. St)</i> <input type="checkbox"/> OPC <i>(Outpatient Clinic)</i> <input type="checkbox"/> SELECTED VBA FS			
43. SUPERSEDES OR REPLACES ANOTHER REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		44. CANCELLED OR SUPERSEDED REPORT IDENTIFIERS <i>(RCS, COIN, IRCN, etc.)</i>	
45. REPORT DISTRIBUTION <i>(If additional space is needed, continue on separate sheet)</i>			
A. OFFICE		B. MAIL ROUTING SYMBOL	C. NO. OF COPIES
SECTION VI - DISTRIBUTION OF DIRECTIVE			
46. DISTRIBUTION INSTRUCTIONS <i>(Indicate distribution to be made, i.e., RPC number; ROA, 10 each, etc.)</i>			
47. DATE DIRECTIVE MUST REACH USING OFFICE		48. EXPECTED COMPLETION/DISTRIBUTION DATE	49. TOTAL QUANTITY
50. SPECIAL DISTRIBUTION <i>(Check as many as apply)</i> <input type="checkbox"/> HEADQUARTERS, NATIONAL SVC ORG <input type="checkbox"/> EDUCATION LIAISON REPRESENTATIVES <input type="checkbox"/> ACCREDITED REPRESENTATIVES <input type="checkbox"/> INSTITUTIONS OF HIGHER LEARNING <input type="checkbox"/> VETERANS BENEFITS COUNSELORS <input type="checkbox"/> OTHER <i>(Specify)</i>			